

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>010890</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/17/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRENTWOOD AT LAPORTE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2002 ANDREW AVE LA PORTE, IN 46350</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the PSR (Post Survey Revisit) to the Investigation of Complaint IN00140726 completed on December 19, 2013.</p> <p>Complaint IN00140726 - Corrected.</p> <p>Survey date: January 17, 2014</p> <p>Facility number: 010890 Provider number: 010890 AIM number: N/A</p> <p>Survey team: Cynthia Stramel, RN, TC</p> <p>Census bed type: Residential: 115 Total: 115</p> <p>Census payor type: Other: 115 Total: 115</p> <p>Sample: 3</p> <p>Brentwood at LaPorte was found to be in compliance with 410 IAC 16.2 in regard to PSR to the Investigation of Complaint IN00140726.</p> <p>Quality review completed on January 19, 2014, by Janelyn Kulik, RN.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE